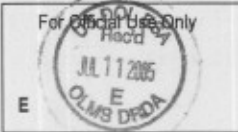


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2368</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name WILLIAM D BASS P.O. Box, Bldg., Room No., if any Street 760 JOSLYN AVE. City PONTIAC State Michigan ZIP Code + 4 48340	4. Name, file number, and address of labor organization. Name L.I.U.N.A. LOCAL 1076 Labor Organization File Number 014-989 P.O. Box, Building and Room Number, if any Street 760 JOSLYN AVE. City PONTIAC State Michigan ZIP Code + 4 48340
5. Position in labor organization. SECRETARY/TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Will Bass</u>	On <u>7/5/2005</u>	<u>248-334-0509</u>
	Date	Telephone Number

Name of Person Filing WILLIAM BASS

File Number U-

2361

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name POURED CONCRETE WALL ASSOCIATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 S. ADAMS RD. SUITE 300

City BIRMINGHAM

State Michigan

ZIP Code + 4 48009

14.a. Nature of payment.

GOLF OUTING JULY 2004

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$100

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name FITZGERALD COMPANY

Trade Name, if any: L.P.C.W.I.F

P.O. Box, Bldg., Room No., if any

Street 310 EUCLID

City MT CLEMENS

State Michigan

ZIP Code + 4 48043

14.a. Nature of payment.

CHRISTMAS GIFT CERTIFICATE (NEVER REDEAMED)
DECEMBER 2004

13.b. Is the Business an Employer ☒

or Consultant ☐

?

14.b. Amount of payment.

\$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name BLUE CROSS BLUE SHIELD OF MICHIGAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 E. LAFAYETTE

City DETROIT

State Michigan

ZIP Code + 4 49512

14.a. Nature of payment.

GOLF OUTING AUGUST 2004

13.b. Is the Business an Employer ☒

or Consultant ☐

?

14.b. Amount of payment.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name TIC INTERNATIONAL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6525 CENTURIAN DRIVE

City LANSING

State Michigan

ZIP Code + 4 48917-9275

14.a. Nature of payment.

GOLF OUTING JULY 2004

13.b. Is the Business an Employer ☒

or Consultant ☐

?

14.b. Amount of payment.

\$90